

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014948</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 07/18/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>ILLINOIS VETERANS HOME AT MANTENO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>ONE VETERAN'S DRIVE MANTENO, IL 60950</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Complaint Post Visit (C/PV) to 4/21/2017 (Complaint Number 1772334/IL93274)</p> <p>The Illinois Veterans Home at Manteno is in compliance with their Plan of Correction for 340.1500)c)</p>	S 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE